

CIRCUMCISION CRITERIA BASED ACCESS (CBA) POLICY

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Application Form	EBI Generic application form if appropriate to apply

**CIRCUMCISION
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VERSION CONTROL

Document Status:	Current policy
Version:	2324.v2

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516.v1.1	July 2017	Change from CSU template to SCCG template
1516.v1.1a	March 2018	3 year review and new policy template
1819.v1.1b	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v1.1c	March 2023	Wording change 3.5
2223.v1.1d	July 2023	3-year review. NHS E list 3 wording. Logo change. No clinical changes

Equality Impact Assessment (EIA)	April 2018
Quality Impact Assessment QIA	February 2018
Sponsoring Director:	Bernie Marden
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1 GENERAL PRINCIPLES (CBA)

- 1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB's Evidence Based Interventions Service (EBI) by submission of an EBI application form
- 1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment
- 1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment
- 1.4 Referring patients to secondary / community care without them meeting the criteria or funding approval not secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.5 On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meet the criteria to access treatment in this policy
- 1.6 Patients should be advised being referred does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.7 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.8 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)
- 1.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA – CRITERIA BASED ACCESS (CBA)

2.1 Circumcision for religious or cultural reasons is **not** funded

2.2 The ICB only funds circumcision for therapeutic reasons. If a patient fulfils the criteria below no prior approval is required, please ensure the referral to secondary care indicates how the patient fulfils the criteria and the medical records evidence this.

2.3 Adults

The following referrals do not need prior approval:

- a) Suspicion or evidence of **malignancy**
- b) **Frenuloplasty** when carried out because the frenulum tears or bleeds during intercourse
- c) **Symptomatic Phimosis**
- d) **Phimosis** leading to paraphimosis for difficulties in erection
- e) **Recurrent, troublesome episodes of infection** beneath the foreskin (balanitis (adults only) and balanoposthitis); this includes balanitis xerotica obliterans (BXO) that has not responded to conservative treatment

2.4 Children and young people under 16 years

Medical penile circumcision is rarely indicated as a primary treatment. Most children and young people presenting with penile problems require no intervention other than reassurance.

This guidance excludes children and young people with congenital penile conditions such as hypospadias.

Penile circumcision should only be performed for:

- a) Prevention of urinary infection (UTI) in patients with recurrent UTIs or at high risk of UTI **OR**
- b) Pathological phimosis (balanitis xerotica obliterans/lichen sclerosus) **OR**
- c) For persistent phimosis in children approaching puberty, following an attempted trial of non-operative interventions e.g., a six-week course of high-dose topical steroid. A prescription of this would not normally exceed three months and should have achieved maximal therapeutic benefit within this time. A topical steroid such as Betamethasone (0.025-0.1%) is commonly prescribed **OR**

- d) Acquired trauma where reconstruction is not feasible, for example, following zipper trauma or dorsal slit for paraphimosis
- 2.5 **ALL** patients must have a formally documented discussion of the risks and benefits of foreskin preserving surgery versus penile circumcision using a shared decision-making framework.
- 2.6 Patients who are not eligible for treatment under this policy, please refer to section 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 3.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy
- 3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 3.3 Applications cannot be considered from patients personally
- 3.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 3.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context
- 3.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB website and input into the 'Search this website' box clinical exceptionality. Click on the link to access the full NHS description of clinical exceptionality

Social, Emotional and Environmental factors *i.e., income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

- 3.7 Where appropriate photographic supporting evidence can be forwarded with the application form
- 3.8 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

4 ACCESS TO POLICY

- 4.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067
- 4.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:
All in font Arial 10

- 5.1 NICE (2018) Balanitis (Clinical Knowledge Summary) Health Topics A-Z Balanitis
<https://cks.nice.org.uk/topics/balanitis/>
- 5.2 National Health Service (2018) Health A to Z: Circumcision in men (online)
<https://www.nhs.uk/conditions/circumcision-in-men/>
- 5.3 NHS England List 3 Guidance
[EBI_Guidance_List3_0523.pdf \(aomrc.org.uk\)](#)